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FAX TRANSMISSION**DATE:** December 7, 2007**PTO IDENTIFIER:** Application Number 10/783,552-Conf. #7454
Patent Number**Inventor:** Joseph F. HICKLIN et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

EuiHoon Lee

PHONE: (617) 994-0881**Attorney Dkt. #:** MWS-111**PAGES (Including Cover Sheet):** 28**CONTENTS:** Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
Fee Transmittal (1 page in duplicate)
Amendment (22 pages)
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Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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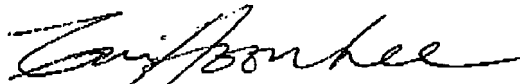
Application No. (if known): 10/783,552

Attorney Docket No.: MWS-111

Certificate of Transmisslon under 37 CFR 1.8

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on December 7, 2007
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EulHoon Lee

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Transmittal (1 page)

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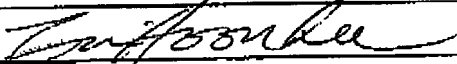
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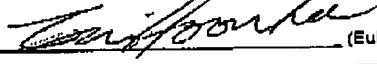
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/783,552-Conf. #7454
	Filing Date	February 20, 2004
	First Named Inventor	Joseph F. HICKLIN
	Art Unit	1631
	Examiner Name	K. R. Skowronek
Total Number of Pages in This Submission	Attorney Docket Number	MWS-111

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	EuiHoon Lee		
Date	December 7, 2007	Reg. No.	L0248

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Dated: December 7, 2007	Signature:  (EuiHoon Lee)

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PTO/SB/17 (10-07)

Approved for use through 08/30/2010. OMB 0851-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete If Known Application Number 10/783,552-Conf. #7454 Filing Date February 20, 2004 First Named Inventor Joseph F. HICKLIN Examiner Name K. R. Skowronek Art Unit 1631 Attorney Docket No. MWS-111	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,050.00			

METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
				Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,050.00

SUBMITTED BY			
Signature	<i>EuiHoon Lee</i>	Registration No. (Attorney/Agent)	L0248
Name (Print/Type)	EuiHoon Lee	Telephone	(617) 994-0881
		Date	December 7, 2007

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Dated: December 7, 2007

Signature: *EuiHoon Lee* (EuiHoon Lee)

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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,050.00	

METHOD OF PAYMENT (check all that apply)	
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
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Provisional	210	105	0	0	0	0	
							Small Entity Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							210 105
Multiple dependent claims							170 185
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
=		x		=			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
=		x		=			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
This fee is based on the number of sheets of paper, including all attachments, filed in sequence or compiled together, in the application. The fee is \$100 for the first 100 sheets of paper, plus \$1.00 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$) Fee Paid (\$)	
- 100 =		/ 50 =		(round up to a whole number) x			
							Fees Paid (\$)
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,050.00

SUBMITTED BY		Registration No.		Telephone	
Signature	<i>EulHoon Lee</i>	L0248	(Attorney/Agent)	(617) 994-0881	
Name (Print/Type)	EulHoon Lee			Date	December 7, 2007

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